



Coconino County Finance Department
219 E. Cherry Avenue
Flagstaff, Arizona 86001
Phone: (928) 679-7199
Fax: (928) 679-7195

AUTHORIZATION FOR ACH DEPOSIT OF VENDOR PAYMENT

Vendor Name _____

Street Address _____

City, State, Zip _____

Notice Recipient Name _____

Notice Recipient E-mail _____

Select One: ☐ New Enrollment ☐ Change of Information

Select One: ☐ Savings Account ☐ Checking Account

Bank Name _____

Branch _____

City, State, Zip _____

Transit/Routing # _____

Bank Account # _____

I, the undersigned, authorize Coconino County to deposit payments directly to the account indicated above and to correct any errors which may occur regarding the transactions. I also authorize the financial institution named above to post these transactions to that account. This authorization will remain in force until Coconino County receives written notice of cancellation from me.

Signature _____	Date _____
Name (printed) _____	Title _____

***** Fill out this section to CANCEL your ACH authorization and deposits *****

I, the undersigned, hereby cancel the authorization for Coconino County to originate ACH electronic deposit entries into my checking/savings account. This cancellation is effective as soon as Coconino County has reasonable time to act upon it.

Signature _____	Date _____
Name (printed) _____	Title _____

PLEASE MAIL THE COMPLETED FORM TO THE ADDRESS ABOVE.